



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

June 7, 2007

Robert Heberer, Administrator
Wellspring Meadows Assisted Living
9873 North Buttercup Lane
Hayden, ID 83835

License #: RC-823

Dear Mr. Heberer:

On May 10, 2007, a life safety code survey was conducted at Wellspring Meadows Assisted Living - Wellspring Meadows, Inc.. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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May 15, 2007

Robert Heberer, Administrator
Wellspring Meadows Assisted Living
9873 North Buttercup Lane
Hayden, ID 83835

Dear Mr. Heberer:

On May 10, 2007, a life safety code survey was conducted at Wellspring Meadows Assisted Living - Wellspring Meadows, Inc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by June 9, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R823	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2007
NAME OF PROVIDER OR SUPPLIER WELLSPRING MEADOWS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9873 NORTH BUTTERCUP LANE HAYDEN, ID 83835		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on May 10, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000	<p>Simplex Grinnell was contacted, came to facility and attached escutcheon plate. See attached photo's. In future sprinkler heads will be checked on a monthly basis. (405.05)</p> <p>RECEIVED</p> <p>JUN 04 2007</p> <p>FACILITY STANDARDS</p>	5/30/07

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

R. Heber

TITLE *Owner*
P. Heber

(X6) DATE

5-30-07



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Wellspring Meadows Assisted Living	9873 N. Buttercup Lane	208-762-9001
Administrator	City	ZIP Code
Jim Heberer	Hayden Id	83835
Survey Team Leader	Survey Type	Survey Date
Taylor Barilev		5-10-7

NON-CORE ISSUES

[illegible]

Response Required Date	Signature of Facility Representative	Date Signed
6-10-7		5/10/07